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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/079,801
Filing Date	02/19/2002
First Named Inventor	ALPHONSE J. LEMANSKI
Group Art Unit	3681
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number [   ] ⟶ Place Customer Number Bar Code Label here

OR

☒ ~~Firm or~~ Individual Name	ALPHONSE J. LEMANSKI
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ALPHONSE J. LEMANSKI
Signature	Alphonse J. Lemanski
Date	JUNE 26, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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